


ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Martin L. Jaspovice - SBN 55275 Furtado, Jaspovice & Simons 22274 Main Street Hayward, CA 94541	TELEPHONE NO.: (510) 582-1080
FOR COURT USE ONLY 	
ATTORNEY FOR (Name): Plaintiff Marta Jorgensen	
Insert name of court and name of judicial district and branch court, if any: United States District Court Northern District of California	
PLAINTIFF/PETITIONER: Marta Jorgensen	
DEFENDANT/RESPONDENT: United States of America	
REQUEST FOR DISMISSAL <input checked="" type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Other (specify):	
CASE NUMBER: C0300188 MJJ (ARB)	

- A conformed copy will not be returned by the clerk unless a method of return is provided with the document. -

1. TO THE CLERK: Please **dismiss** this action as follows:

- a. (1) ☒ With prejudice (2) ☐ Without prejudice
- b. (1) ☐ Complaint (2) ☐ Petition
 (3) ☐ Cross-complaint filed by (name) :
 (4) ☐ Cross-complaint filed by (name) :
 (5) ☒ Entire action of all parties and all causes of action
 (6) ☐ Other: (specify) :*

on (date) :

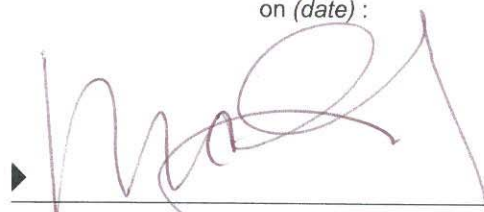
on (date) :

Date: 5/10/05

Martin L. Jaspovice

(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

* If dismissal requested is of specified parties only, of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

(SIGNATURE)


Attorney or party without attorney for: **Marta Jorgensen**

- ☒ Plaintiff/Petitioner ☐ Defendant/Respondent
☐ Cross-complainant

2. TO THE CLERK: Consent to the above dismissal is hereby given.**

Date:

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

** If a cross-complaint - or Response (Family Law) seeking affirmative relief - is on file, the attorney for the cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581(i) or (j).

(SIGNATURE)

Attorney or party without attorney for:

- ☐ Plaintiff/Petitioner ☐ Defendant/Respondent
☐ Cross-complainant

(To be completed by clerk)

3. ☐ Dismissal entered as requested on (date) :
 4. ☐ Dismissal entered on (date) : as to only (name) :
 5. ☐ Dismissal **not entered** as requested for the following reasons (specify) :
 6. ☐ a. Attorney or party without attorney notified on (date) :
 b. Attorney or party without attorney not notified. Filing party failed to provide
 ☐ a copy to conform ☐ means to return conformed copy

Date:

Clerk, by _____, Deputy